

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0036

Date: July 29, 1999

Claimant /Victim TERRY L. DIETZLER
 BY: (Atty) (Ins. Co.) _____
 Address: 873 Monroe Circle, NE Atlanta, Georgia 30308
 Subrogation: _____ Claim for Property damage \$ 2,010.95 Bodily Injury \$ _____
 Date of Notice: 1/26/98 Method: Written, proper X Improper _____
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 11/21/97 Place: 873 Monroe Circle, NE
 Department PUBLIC WORKS Bureau: Waste Water Services Division _____
 Employee involved _____ Dept. Action Taken _____

NATURE OF CLAIM: The claimant alleges that he sustained property damage when storm drains from an adjacent property overflowed causing extensive flooding to claimant's home. An investigation determined that the major contributor of run-off to claimant's property is the Ackerman property, which is located directly behind claimant's property. Claimant has been advised to pursue his claim against that party.

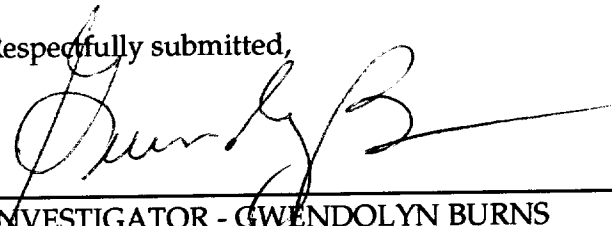
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____

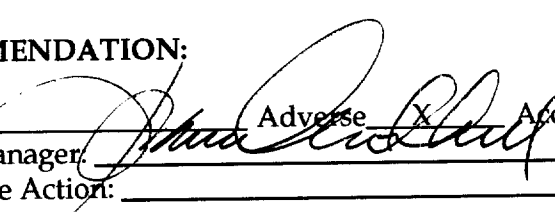
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
 Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
 City not involved X Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 07-30-99
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 12-5-97

BURNS
01/26/98

ENTERED - 2-10-98 - SB
98L0036 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2010.95 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 11.21.97 (month/day/year) 2. Time of Incident: 8:00 PM 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): 873 MONROE CIRCLE
5. Name of your insurance company: STATE FARM Policy No. 11.ET.0682.6
6. State what and how incident occurred: DURING THE FRIDAY NIGHT RAIN, THE STORM DRAINS ON AN ADJACENT PROPERTY BACKED UP CAUSING FLOODING OF OUR BACK YARD AND CRAWL SPACE BENEATH OUR HOUSE OF UP TO 5 FEET. AFTERWARD, OUR FURNACE REQUIRED REPLACEMENT DUE TO THE FLOODING AT A COST OF \$1970. BELIEVING IT NECESSARY TO TEMPORARILY PROTECT OUR NEW FURNACE, I HAVE PURCHASED 30 SANDBAGS TO HOPEFULLY KEEP THE
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! FURNACE FROM BEING DESTROYED AGAIN.
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

TERRY L. DIETZLER
(Print Claimant's Name)873 MONROE CIRCLE
(Address)ATLANTA GA 30308
(City, State and Zip Code)

99-R-1306

770-953-0393 ext 213 404-874-0020
(Work Number) (Home Number)